## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln No.:

09/827,537

Filed:

April 6, 2001

Applicant(s): Arnold Eckhardt

Title:

SEALING APPARATUS

Art Unit:

3751

Examiner:

**Timothy Lewis Maust** 

Attorney Docket No.: 70837

Customer No.:

22242

Confirmation No. 6435

## **CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O Box 1450, Alexandria, VA 22313-1450, on this date.

Registration No. Attorney for Applicant(s)

RECEIVED

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TECHNOLOGY CENTER R3700

AMENDMENT B

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to Office Action mailed September 23, 2003, the time for response having been extended by a petition submitted concurrently herewith, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln No.:	09/827,537	) Confirmation No. <b>6435</b>					
Filed: Applicant(s): Title: Art Unit: Examiner:	April 6, 2001 Arnold Eckhardt SEALING APPARATUS 3751 Timothy Lewis Maust	CERTIFICATE OF MAILING  I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O Box 1450, Alexandria, VA 22313-1450, on this date.					
Attorney Docl		Anomey for Applicant(s)					

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- □ An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- No additional fee is required.

	Fee Calculation For Claims As Amended												
		As Amended		Previously Paid For		Present Extra		Rate		Additional Fee			
	Independent Claims	2		2	**=	0	_ x \$	86.00	=	\$	0.00		
	Total Claims	26	-	26	* =	0	_ x \$	18.00	=	\$	0.00		
	Fee for Multiply Dependent Claims \$ 290.00												
	** At least 3					Total Additional Fee				\$	0.00		
	* At least 20												
<u>_</u>	Applicant(s) assert entitlement to Small Entity Status (37 C.F.R. § 1.27), thus reducing the fee by half to:									\$	0.00		
□	A check in the amount of \$ is enclosed.												
□	□ Charge \$ to Deposit Account No. 06-1135.												

Application No. 09/827,537 Amendment dated Reply to Office Action of 9/23/03

The Director is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Director is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

Kenneth H. Samples

Registration No. 25,747

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